

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39518

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Mo</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jackson Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Harrington Rd General Hosp</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Farmington Rd.</u>	
3. NAME OF DECEASED (Type or print) <u>Christian</u>				First <u>Christian</u> Middle <u>PENSEL</u> Last <u>PENSEL</u>		4. DATE OF DEATH <u>Nov 27 1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 3/876</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u>7</u> Min. <u>27</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and state or country) <u>Germany</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Wulfang Penschel</u>				14. MOTHER'S MAIDEN NAME <u>Mueller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT <u>Louis Penschel</u> Address <u>Jackson Mo R 3</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dissecting aneurysm of aorta</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>451X</u> DUE TO (c) <u>451X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Benign prostatic hyper trophy</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>Nov 26, 1957</u> to <u>Nov 27, 1957</u> and last saw her alive on <u>Nov 26, 1957</u> Death occurred at <u> </u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L. N. Jager, M.D.</u>				22b. ADDRESS <u>Jackson, Mo</u>		22c. DATE SIGNED <u>Nov 27, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov 29 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Johns</u>		23d. LOCATION (City, town, or county) (State) <u>Near Jackson Mo</u>	
24. FUNERAL DIRECTOR <u>McComb Funeral Home Jackson Mo</u> ADDRESS <u>11-29-57</u>				25. DATE RECD. BY LOCAL REG. <u> </u>		26. REGISTRAR'S SIGNATURE <u>C. C. Summer</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *BA Meyer*

Licensed Embalmer No. *308*

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.